



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E309675**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	14-0433
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	M 02 - D 23 - Y 2014	TIME (2400)	1558	COUNTY #	31	MILES		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 204	BLOCK NO. <input checked="" type="checkbox"/>	8500
	MILE POST	

DISTANCE		MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	LUNDEEN PARKWAY
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 2062450170
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LAST NAME	ABDI	FIRST NAME	ABDULRAHMAN	MIDDLE INITIAL	A
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STREET NEW ADDRESS	906 SPRUCE ST APT 831
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CITY	SEATTLE	ST	WA	ZIP	981042462
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CDL	A	RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	ABDI*AA262KS	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	05	-	10	-	1974
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	NECK AND BACK PAIN
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LICENSE PLATE #	B21861U	STATE	WA	VIN#	1FTNS1EW7BDA59044
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2011	MAKE	FORD	MODEL	AMB	STYLE	VN	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	SPEEDWAY TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	SAFE LLC STE 208 EVERETT WA 98204
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	NATIONAL UNION CA3482367
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4252805973
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LAST NAME	BARCUS	FIRST NAME	SARA	MIDDLE INITIAL	A
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STREET NEW ADDRESS	1004 N 34TH AVE APT 19
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CITY	YAKIMA	ST	WA	ZIP	989021073
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	BARCUSA217Q6	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	11	-	26	-	1979
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	CHEST AND NECK PAIN
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LICENSE PLATE #	B28956P	STATE	WA	VIN#	1FTPW14504KA46267
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2004	MAKE	FORD	MODEL	F1PU	STYLE	PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	SARA BARCUS 1004 N 34TH AVE #19 YAKIMA WA 98902
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 221 1183-A09-47
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	KERRY BERNHARD	BADGE OR ID #	120	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E309675**

CASE # **14-0433**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		SWANSON KEVIN L																
ADDRESS & PHONE #		11410 69TH DR SE ARLINGTON WA 98223 4252582700					SEX	M	D.O.B. MMDDYYYY	03	02	1970						
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #							SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #							SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On 2/23/14 at approximately 0358 hours, Unit 1 was travelling eastbound on SR 204 in the City of Lake Stevens. The intersection of SR 204 and Lundeen Parkway is controlled by a traffic light. The traffic signal when Unit 1 entered the intersection of Lundeen parkway displayed a solid red circle for eastbound traffic on SR 204.

Unit 2 was travelling southbound on Lundeen Parkway. At the intersection of SR 204 the traffic light was displaying a solid green circle for southbound Lundeen Parkway. Unit 2 struck Unit 1 on the driver's side towards the rear of the vehicle.

A witness stopped to render aide. The driver of Unit 1 was transported to Providence hospital due to complaint of back and neck pain. Unit 1 was towed from the scene by Speedway towing. The driver of Unit 2 complained of neck and chest pain. The driver was not transported at her request and Unit 2 was able to be driven from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD

INVESTIGATING OFFICER'S SIGNATURE

02-24-14 08:58 AM

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 71

DATE

2/24/2014 3:58:09 PM

BADGE OR ID #	120	ORI #	WA0311900	TIME POLICE DISPATCHED	3:58 PM	TIME POLICE ARRIVED	4:06 PM
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SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E309675**

CASE # **14-0433**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT # **1**

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES **00**

GVWR **0**

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT ☐

INSURANCE CO
& POLICY #

VEHICLE
LEGALLY
STANDING ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT ☐

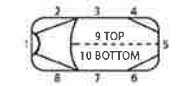
INSURANCE CO
& POLICY #

VEHICLE
LEGALLY
STANDING ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.065)

KERRY BERNHARD

02-24-14 08:58 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE
OR ID # **120**

ORI
#

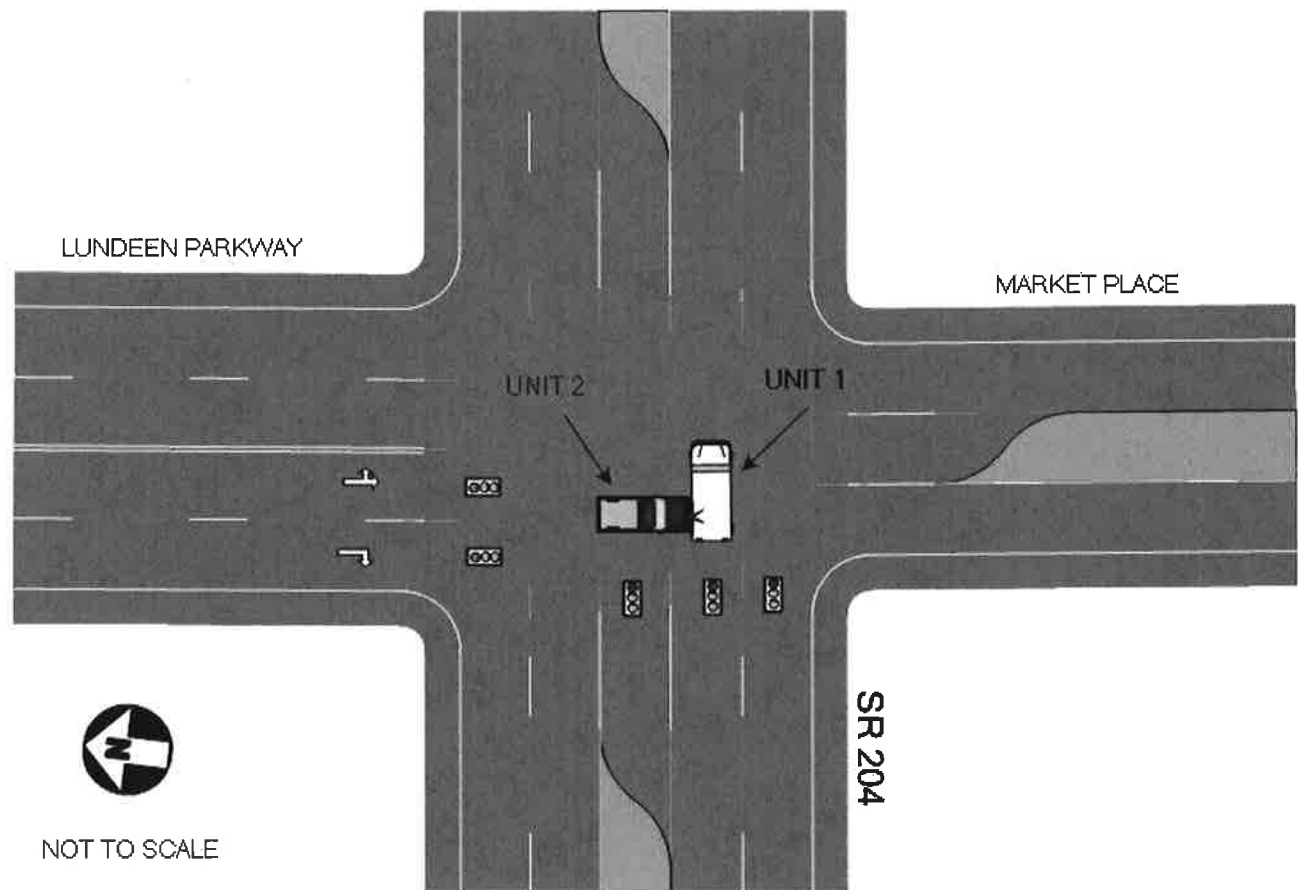
WA0311900

APPROVED BY
VALVICK

DATE
2/24/2014

PAGE **3**

OF **4**



CHECK ALL THAT APPLY:

- ☐ NON-IMPOUND/TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ___ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER
14-00433

VEHICLE INFORMATION

VIN

1 F T N S 1 E W 7 B D A 5 9 0 4 4

LICENSE

B21861U

STATE

WASHINGTON

YEAR

2011

MAKE

FORD

MODEL

AMB

☐ Report of Sale

 MILEAGE ☒ Digital
 DIGITAL UNREADABLE

STYLE

VAN

COLOR

WHITE

DRIVER

NAME (LAST, FIRST, MI)

ABDI, ABDULRAHMAN A

STREET ADDRESS

906 SPRUCE ST APT 831

CITY, STATE, ZIP CODE

SEATTLE, WA 981042462

PHONE

(206)245-0170

DOB

REGISTERED OWNER

NAME (LAST, FIRST, MI)

LLC, SAFE T

STREET ADDRESS

STE 208

CITY, STATE, ZIP CODE

EVERETT, WA 98204

PHONE

(425)322-5333

LEGAL OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON 2/23/2014 AT 16:40 PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS
 (DATE) (24 HOURS)

IN THE DESCRIBED VEHICLE, I AUTHORIZED

SPEEDWAY TOWING
 (TOWING FIRM)
5348-002

(DOL TRUCK NO.)

DRIVEN BY

BILL MISENICK

(DRIVER'S PRINTED FIRST AND LAST NAME)

TO REMOVE THIS VEHICLE FROM

8500 SR 204/LUNDEEN PARKWAY

(LOCATION)

EQUIPMENT

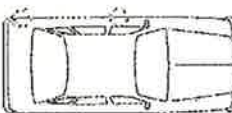
DAMAGE

EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

☒ [1] KEYS☐ LOCKED TRUNK☐ LOCKED GLOVE BOX☐ LOCKED CENTER CONSOLE☒ AUTO STEREO☐ [] DISC(S)☐ HANDS FREE DEVICE☒ GPS☐ RADAR / LIDAR DETECTOR☐ SPARE TIRE☐ JACK☐ CHAINS☐ OTHER☐ FRONT☐ R FRONT☐ R SIDE☐ R REAR☐ L FRONT☒ L SIDE☒ L REAR☐ REAR☐ TOP☐ UNDERCARRIAGE☐ OTHER

SHADE DAMAGED AREA



INVENTORY

NARRATIVE OR DIAGRAM

(List reasons(s) for impound.)

Driver en route to hospital. Vehicle blocking roadway. Impound only.

LSPD
ORIGINAL

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☐ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☐ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC
SIGNATURE

Kerry BernhardSNOHOMISH, WA

COUNTY, WA

120

BADGE NO.

Lake Stevens PD

AGENCY

Incident History for: #SS14003524 Xref: #AG14000587

Case Numbers: \$SS14000433

Entered 02/23/14 15:58:00 BY SPDF24 SP0325

Dispatched 02/23/14 15:58:37 BY SPSC40 SP0194

Enroute 02/23/14 15:58:37

Onscene 02/23/14 16:06:26

Closed 02/23/14 17:20:08

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377D-7 Group: SS1 Beat: WEST

Src: T

Loc: LUNDEEN PARK WY/SR 204 ,LKS (V)

Loc Info: ON LUNDEEN

Name: BARCUS SARAH

Addr:

Phone: 4252805973

/1558 (SP0325) ENTRY ,CC, NON INJ NON BLKING, GRY FORD F150 AND WHI F
ORD VAN
/1558 (SP0194) DISPER 19D3 #SS120 BERNHARD, OFFICER (KERRY)
/1606 (SP0325) SUPP TXT: TROOPER OS, MALE W/BACK PX, STARTING AID
/1606 CROSS #AG14000587
/1606 (SS120) *ONSCNE 19D3
/1609 (SP0346) MISC 19D3 , AID OS
/1611 (SP0263) SUPP LOC: MARKET PL/SR 204 ,LKS,
NAM: WSP,
TXT: 1 YEL PT
/1614 (SS120) *ASNCAS 19D3 \$SS14000433
/1614 (SP0263) SUPP LOC: MARKET PL/SR 204 ,LKS,
NAM: WSP,
TXT: 1 YEL 1 GRN
/1615 (SP0346) \$PREMPT 19D3
/1615 DISPER 19D3 #SS120 BERNHARD, OFFICER (KERRY)
/1615 ASSTER 19D1 [LUNDEEN PARK WY/SR 204 ,LKS]
#SS91 WACHTVEITL, DET (JERAD)
/1620 ONSCNE 19D3
/1620 MISC 19D3 , 3 ROUND DAMAGE TO DRIVER'S SIDE REAR
/1636 (SS91) *CLEAR 19D1 D/D
/1643 (SS120) REMINQ 19D3 MDTWANT, , , , , , WA, ABDIAA262KS, , , , , , , , , , ,
/1644 REMINQ 19D3 MDTWANT, , , , , , WA, BARCUSA217Q6, , , , , , , , , , ,
/1720 (SP0346) CLEAR 19D3 D/H
/1720 CLOSE 19D3

LSPD
ORIGINAL